**NOTE:** This form is only used if an employee wishes to irrevocably donate leave to the state’s Veterans’ In-State Service Shared Leave Pool (VISSLP). Leave from the VISSLP can be requested from any eligible state employee who is a veteran or spouse of a veteran who needs to attend medical appointments or treatments for a service connected injury or disability.

Donor employee completes Section I; department completes Section II; HR Operations Office completes Section III

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| SECTION I – Donor Information: Complete this section and forward the completed form to your department administrator for approval. | | | | | | | | |
| Donor Employee Last Name: | | First Name: | | | | MI: | | |
| Donor UW EID: | Donor Anniversary Date: | | Donor Department: | | | | | |
| Donor Work Phone: | Donor Email: | | | | Donor Monthly Salary: | | | |
| I voluntarily donate the following total leave hours to the Washington State Veterans’ In-State Service Shared Leave Pool and request departmental approval. I understand that these donated leave hours will be permanently deducted from my current, appropriate leave balance(s).  **Total Leave Hours Donated**:       Hours (must be the same as “Total Hours Donated” Box below) | | | | | | | | |
| Donor Signature | | | | Date | | | | |
| Annual Leave | | | | **Donor Completes** | | | **Leave Recorder Completes** | |
| **DONOR EMPLOYEE:** Complete this section to donate **annual leave**hours to a designated state employee to be used as shared leave. You may donate a minimum of four (4) hours but you may not donate vacation hours which would reduce the balance to less than eighty (80) hours for full time employment; prorated for part time employment. Also, you may not donate any excess vacation hours above the 240 maximum that you would otherwise be unable to use because of an approaching anniversary date. | | | | AL Hours Donated | | | Current AL Hours | AL Balance After Donation |
| Sick Leave | | | |  | | |  | |
| **DONOR EMPLOYEE:** Complete this section to donate **sick leave** hours to a designated state employee to be used as shared leave. You may donate a minimum of four (4) hours but you may not donate sick leave hours which would reduce the balance to less than 176 hours. | | | | SL Hours Donated | | | Current SL Hours | SL Balance After Donation |
| Personal Holiday | | | |  | | |  | |
| **DONOR EMPLOYEE:** Complete this section to donate your **personal holiday** hours to a designated state employee to be used as shared leave. You may donate a minimum of four (4) hours. Unused personal holiday hours will be restored only if returned within the same calendar year. | | | | PH Hours Donated | | | PH Hours Available | PH Balance After Donation |
| ALL DONATED LEAVE WILL BE DEDUCTED FROM THE APPROPRIATE LEAVE BALANCE(S)  | | | | Total Hours Donated | | |  | |

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| SECTION II – Department: To be completed by donor department | | | |
| If you approve the leave donation, please verify leave hours and remaining balances, complete this section and the “Leave Recorder” portions of Part 1 of this form, and send all parts to your HR Operations Office.  **Prior approval by the organization budget authority is required where a charge transfer is involved.** | | | |
| Please indicate the billing worktags to be credited with shared leave (i.e., Company + Driver Worktag OR Company + Driver + Fund). Only one set of billing worktags is required to complete this section. If splitting across multiple budgets, please provide the additional billing worktags and indicate the distribution percentage. | | | |
| Billing worktags: | | % Distribution: | |
| Billing worktags: | | % Distribution: | |
| Billing worktags: | | % Distribution: | |
| Billing worktags: | | % Distribution: | |
| Name of Department Contact Responsible for Maintaining Leave Record: | Contact Phone: | | Contact Email: |
| The donating employee meets the eligibility requirements stated above in Section 1. I approve this request to donate leave hours and verify that sufficient funds are available to cover the charge transfers. | | | |
| Name of Administrator or Manager (please print or type):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  Signature | | | |
| Name of Budget Authority (please print or type):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  Signature | | | |

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| SECTION III – HR Operations Office: To be completed by HR Operations Office | | |
| The cash value of these hours will be credited to the Washington state Veterans’ In-State Service Shared Leave Pool. As applicable, this amount will be charged to your department budget as it is used by the designated employee. | Annual Leave Hours | The above-named employee is eligible to donate leave effective:  Date: |
|  | Sick Leave Hours |  |
|  | Personal Holiday Hours |  |
| HR Office Approval  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  Signature | | Phone: |

HR Operations: Upon Completion, return two copies to Department (Department copy and Donor copy) and make copies for employee file and Shared Leave File) – Work with Payroll Office to transfer value of leave donation to the Washington State Veterans’ In-State Service Shared Leave Pool.

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| HR Operations Contact Information | |
| **UW Medical Center Operations**  Fax: (206) 598-4610  325 Ninth Avenue  Box 359715  Seattle, WA 98104  Or, MedCtrFMLA@uw.edu | **Harborview Medical Center Human Resources** Fax: (206) 598-4610  1959 NE Pacific #BB150  Box 356054  Seattle, WA 98195  Or, MedCtrFMLA@uw.edu |